

LSTA SUB GRANT PROJECT APPLICATION
South Carolina State Library
LSTA – PL 108-81, As Amended

FOR SCSL USE ONLY --

LSTA Sub-Grant Award: _____

Program Year Funds: _____

LSTA State Grant Award: _____

FFY Appropriations: _____

CFDA No. 45.310

South Carolina State Library

1430 Senate Street

P.O. Box 11469

Columbia SC 29211

I. SUB GRANT PROJECT TITLE: _____

II. Applicant (organization) Name: _____

Applicant (organization) Address: _____

Project Administrator: _____

Fiscal Officer: _____

Telephone Number: _____

Telephone Number: _____

E-Mail: _____

E-Mail: _____

III. U.S. Congressional District(s) Served by Project: _____

IV. Number targeted for service: _____

V. Evaluation Method (Check one): **OBE** **Other** **Combination (OBE & Other)**

VI. Proposed Budget	LSTA Funds	State Aid Matching	Local Govt Matching	All Other Matching	TOTAL
Personal Services	__55__	_____	_____	_____	_____
Library Materials	__55__	_____	_____	_____	_____
Equipment*	_____	_____	_____	_____	_____
Other *	_____	_____	_____	_____	_____
ALL TOTAL	_____	_____	_____	_____	_____

SEE the [LSTA GUIDELINES](#) for additional instructions. A project narrative must accompany this signature form.

Submitted by: (Print Name) _____

Title: _____

Signature: _____

Current Date: _____